



00862.003196.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
TOMOO IIZUMI ET AL.) : Examiner: J. Grant, II
Application No.: 09/471,192) : Group Art Unit: 2626
Filed: December 23, 1999) :
For: IMAGE PROCESSING APPARATUS,)
IMAGE PROCESSING METHOD,) :
AND STORAGE MEDIUM) : March 17, 2004

RECEIVED

Mail Stop RCE
The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

MAR 25 2003

Technology Center 2600

PRELIMINARY AMENDMENT

Sir:

Preliminary to continued examination, please further amend the above-referenced application as follows. The claims changes are reflected in the listing beginning at page 2. The Remarks begin at page 8.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

03/23/2004 CNGUYEN 00000074 09471192

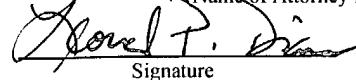
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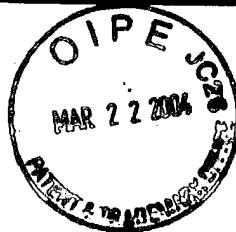
March 17, 2004
(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)

(Name of Attorney for Applicant)


Signature

March 17, 2004
Date of Signature



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Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 30	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 6	MINUS	*** 4	= 2	x \$43 \$86	\$172.00
Fee for Multiple Dependent claims \$145°/\$290						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$172.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$ 172.00 is enclosed.

Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ _____ to cover the fee for a ___-month extension is enclosed.

A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY_MAIN 415676 v1



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